

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591098

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
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15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23	1					
24		1				
25		2				
26		3				
27		4				
28		5				
29		6				
30		7				
31		8				
32		9				
33		10				
34		11				
35		12				
36		13				
37	1					
38		1				
39		2				
40		3				
41		4				
42		5				
43		6				
44		7				
45		8				
46		9				
47		10				
48		11				
49		12				
50		13				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						